Department of Finance   **Ministère des Finances**
Canada   Canada

MEMORANDUM   NOTE DE SERVICE

Security classification Classification de sécurité	
PROTECTED (Very limited distribution)	
Originator Auteur	
Michelle Hebert	
Our file Notre référence	
WEBCIMS2018FIN467839	
Your file Votre référence	
Date	
JAN 2 5 2018	

TO
À   Paul Rochon

FROM
DE   Edward Poznanski

SUBJECT
OBJET   **Request to extend a Special Leave Without Pay**

For action. Your signature is **requested by February 2, 2018** on the Leave Application and Absence Report for the extension to the Special Leave Without Pay (SLWOP) of ▓▓▓▓▓▓▓ from the Tax Policy Branch (TPB), for an additional week covering the period of February 3, 2018 to February 9, 2018.

According to Finance's HR delegation instrument, only the Deputy Minister has the discretionary authority to approve SLWOP. Andrew Marsland, Senior Assistant Deputy Minister, TPB, supports this request for extension and has signed the recommended section of the Leave Application and Absence Report.

It is recommended that you approve and sign the attached Leave Application and Absence Report for ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ ▓▓▓▓▓▓▓▓▓▓▓▓ in the Business Income Tax Division, TPB. The extension to the SLWOP is to continue his employment with the ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ for an additional week. ▓▓▓▓▓▓ SLWOP was scheduled to end on February 3, 2018 and the extension would be for the period of February 3, 2018 to February 9, 2018.

Considerations

Section 12 of Appendix C of the *Treasury Board Directive on Executive Compensation* allows for leave without pay for any purpose not otherwise specified in the Directive. There is no maximum time limit associated with this type of leave.

Department's obligations regarding ▓▓▓▓▓▓▓

▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓

▓▓▓▓▓▓ is to return to his substantive position at the conclusion of his SLWOP.

Edward Poznanski 613-369-3595
Dominic Bastien 613-369-3517

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Pension contribution

As ▊▊▊▊▊▊ is not on an assignment as a result of the International Assignment Program (IAP), he will continue to be responsible for paying both the employee and employer portions of the pension contributions for the period of his leave extension, if the leave is approved.

Attachment (2):

- Leave application and Absence report – ▊▊▊▊▊▊▊
- Initial Memo – Special Leave Without Pay Request

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Department of Finance **Ministère des Finances**
Canada Canada

Security classification Classification de sécurité	
PROTECTED	
Originator/Telephone number Auteur/Numéro de téléphone	
Michelle Hebert	
Our file Notre référence	
Your file Votre référence	
WEBCIMS : 2017FIN455365	
Date	

TO
À   Paul Rochon

FROM
DE   Edward Poznanski

SUBJECT
OBJET   **Request to Extend a Special Leave Without Pay**

For action. Your signature is **requested by the OECD by May 19, 2017** on the Leave Application and Absence Report for the extension to the Special Leave Without Pay (SLWOP) of ▇▇▇▇▇ from the Tax Policy Branch (TPB), for the period of September 2, 2017 to February 3, 2018.

According to Finance's HR delegation instrument, only the Deputy Minister has the discretionary authority to approve SLWOP. Andrew Marsland, Senior Assistant Deputy Minister, TPB, supports this leave and has signed the recommended section of the Leave Application and Absence Report.

It is recommended that you approve and sign the attached Leave Application and Absence Report for ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇ in the Business Income Tax Division, TPB. The extension to the SLWOP is to continue his employment with ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇ ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇ original SLWOP was for the period of January 1, 2016 to September 1, 2017 and the extension would be for the period of September 2, 2017 to February 3, 2018.

Your signature is requested by the OECD before May 19, 2017 to confirm ▇▇▇▇▇ employment extension.

Considerations

Section 12 of Appendix C of the *Treasury Board Directive on Executive Compensation* allows for leave without pay for any purpose not otherwise specified in the Directive. There is no maximum time limit associated with this type of leave.

Department's obligations regarding ▇▇▇▇▇
According to Appendix B of the *Directive on Leave and Special Working Arrangements*, a person appointed to the core public administration on leave without pay can be replaced on an

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ADM: Edward Poznanski   (613-369-3595)
Director: Dominic Bastien   (613-369-3517)

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Government of Canada | **Gouvernement du Canada** | **Leave Application and Absence Report** / **Demande de congé et rapport d'absence** | PROTECTED / PROTÉGÉ

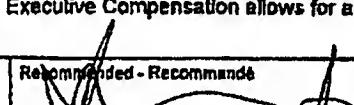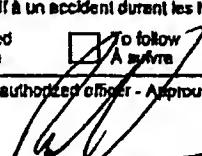Personal information will be protected under the provisions of the Privacy Act.
Les renseignements personnels seront protégés en vertu de la Loi sur la protection des renseignements personnels.

Privacy Statement

Provision of the information requested on this form is required to comply with the provisions of the Financial Administration Act, paragraph 11(2)(c). The personal information will be used in the administration of your leave and attendance requests. Refusal to complete this form may result in your supervisor not being able to approve the requested leave, and failure to report to duty or absence without authorized leave may result in disciplinary action. The information is maintained in Personal Information Bank number PWGSC PSE 903 (Attendance and Leave) and is protected in accordance with the provisions of the Privacy Act. Under the Act, you have the right to request access and correction to your personal information. If erroneous or incomplete. The records are retained for two years following the last administrative action and then destroyed.

Énoncé concernant la protection des renseignements personnels

La communication des renseignements demandés est exigée conformément à l'article 11(2)(b) de la Loi sur l'administration des finances publiques. Les renseignements personnels que vous fournirez serviront à administrer vos demandes de congé. Si vous refusez de remplir le formulaire, votre superviseur pourrait être dans l'impossibilité d'approuver le congé demandé, et le fait de ne pas vous présenter au travail ou d'être absent sans autorisation risque d'entraîner des mesures disciplinaires. Les renseignements sont versés au fichier de renseignements personnels numéro PDE TPSGC 903 (Présences et congés) et sont protégés conformément aux dispositions de la Loi sur la protection des renseignements personnels. Aux termes de la Loi, l'employé(e) a le droit de se faire communiquer les renseignements personnels qui le/la concernent et de demander leur correction s'ils sont erronés ou incomplets. Les renseignements sont conservés pendant une période de deux ans après la dernière utilisation administrative, puis ils sont détruits.

Type of application - Genre de demande	Complete if amendment - Remplir seulement s'il s'agit d'une modification		
☐ Original or Première ou ☑ Amendment to original Modification de la première demande	Type of Leave (Code) Type de congé (Code)	Date of original request Date de la première demande	

Employee Surname - Nom de famille de l'employé	Given Names - Prénoms	Personal Record Identifier Code d'identification de dossier personnel	Paylist No. Nº paye 0770

Department - Ministère	Branch/Division/Section - Direction/Division/Section	Address - Adresse
Finance	Tax Policy Branch/Business Income Tax	90 Elgin street, Ottawa, ON

Type	Code	From - De		To - À		Hours and decimals Heures et décimales
		Hour Heure	Y-A M D-J	Hour Heure	Y-A M D-J	
Vacation Vacances	110					
Sick (Uncertified) Congé de maladie (sans certificat)	210					
Sick certified Congé de maladie (avec certificat)	220					
Sick without pay Congé de maladie non payé	230					
Furlough Congé d'ancienneté	310					
Compensatory Compensatoire	810					

OTHER LEAVE TYPES - AUTRES TYPES DE CONGÉ

Type	Code	From - De		To - À		Hours and decimals
Family related responsibilities Obligations familiales						
Other Paid leave Autre congé payé						
Leave without pay Congé non payé	999		2018-02-03		2018-02-09	

For all other leave types requested, give reason(s) here and/or quote article and sub-article of applicable agreement.
Pour tout autre type de congés, indiquez ci-dessous le (les) raison(s) et/ou citez l'article de la convention collective applicable.

Section 12 of Appendix C of the Treasury Board Directive on Executive Compensation allows for a leave without pay for any purpose not otherwise specified in the Directive.

| Sick leave declaration: I declare on my honour that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated.

Déclaration de congé de maladie: Je déclare sur mon honneur avoir été incapable, par suite de maladie ou de blessure, de remplir les fonctions de mon poste durant toute la période d'absence pour laquelle j'ai demandé un congé.

Physicians certificate form NHW 500 - Certificat médical, formule SBS 500.

☐ Completed and attached Rempli et annexé   ☐ To follow À suivre

☐ Unobtainable - statement attached Impossible à obtenir - déclaration annexée | Recommended - Recommandé

[signature]

JAN 1 9 2018

Supervisor's signature - Signature du superviseur   Date

Report of accident on duty Rapport relatif à un accident durant les heures de service

☐ Attached Annexé   ☐ To follow À suivre   ☐ Previously submitted Soumis antérieurement

Approved by authorized officer - Approuvé par l'agent autorisé

[signature]   25-07-2018

Signature   Date |

Employee's signature - Signature de l'employé(e) Date	
I request leave as stated above Je demande un congé pour la raison indiquée ci-dessus	Leave recorded Congé enregistré
Compressed work week Semaine de travail comprimée ☐ Yes Oui ☑ No Non	Initials - Initiales Date
_17 b. 2019_ Employee's signature - Signature de l'employé(e) Date	Pay form (if applicable) Formule de paye (au besoin) Initials - Initiales Date

GC-178 (2012/08) (FormFlow version 2004-12)   © [logo]

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of Canada   du Canada

LEAVE APPLICATION AND ABSENCE REPORT
DEMANDE DE CONGÉ ET RAPPORT D'ABSENCE

Type of application - Genre de demande		If amendment, please indicate type of leave (code) and start date of original request				Y-A	M	D-J
☐ Original or Première ou ☐ Amendment to original Modification de la première demande	TYPE OF LEAVE (CODE) TYPE DE CONGÉ (CODE)		Date of original request Date de la première demande					

Surname (Print) - Nom de famille (en majuscules)		Given name/Initials - Prénom/Initiales		PRI - CIDP	

Department - Ministère	Branch/Division/Section - Direction/Division/Section	Address - Adresse
FIN	Tax Policy Branch	90 Elgin Sreet., Ottawa, ON, K1A 0G5

Type	Code	From - Du				To - Au				Days Jours	OR OU	Hours and decimals (ex. 0000.000) Heures et décimales (ex. 0000.000)
		Hour - Heure (ex. 00:00)	Y-A	M	D-J	Hour - Heure (ex. 00:00)	Y-A	M	D-J			
Vacation Vacances	110											
Sick (Uncertified) Congé de maladie (sans certificat)	210											
Sick certified Congé de maladie (avec certificat)	220											
Sick without pay Congé de maladie non payé	230											
Furlough Congé d'ancienneté	310											
Compensatory Compensatoire	610											
FOR ALL OTHER LEAVE TYPES SEE REVERSE - VOIR AU VERSO POUR TOUT AUTRE TYPE DE CONGÉ												
Family related responsibilities Obligations familiales												
Other paid leave Autre congé payé												
Leave without pay Congé non payé	999		2017-09-02				2018-02-03					

For all other leave types requested, give reason(s) here and/or quote article and sub-article of applicable collective agreement.
Pour tout autre type de congés, indiquez ci-dessous la (les) raison(s) et/ou citez l'article de la convention collective applicable.

Section 12 of Appendix C of the Treasury Board Directive on Executive Compensation allows for a leave without pay for any purpose not otherwise specified in the Directive.

Sick leave declaration: I declare on my honour that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated. Déclaration de congé de maladie: Je déclare sur mon honneur avoir été incapable, par suite de maladie ou de blessure, de remplir les fonctions de mon poste durant toute la période d'absence pour laquelle j'ai demandé un congé. Physician's certificate form NHW 500 - certificat médical, formule SBS 500. ☐ Completed and attached Rempli et annexé ☐ To follow À suivre ☐ Unobtainable - statement attached Impossible à obtenir - déclaration annexée	Recommended - Recommandé _____ Supervisor's - Signature - du superviseur Date Report of accident on duty Rapport relatif à un accident durant les heures de service ☐ Attached Annexé ☐ To follow À suivre ☐ Previously submitted Soumis antérieurement Approved by authorized officer - Approuvé par l'agent autorisé Signature **MAY 18 2017** Date
Employee's - Signature - de l'employé(e) Date	
I request leave as stated above Je demande un congé pour la raison indiquée ci-dessus Compressed work week Samaine de travail comprimée ☐ Yes Oui ☑ No Non	Leave Credit Solde de congés Code Hours Heures	Leave recorded Congé enregistré Code Hours Heures	Pay form (if applicable) Formule de paye (au besoin)
3 May 2017 Employee's - Signature - de l'employé(e) Date	Init. Date	Init. Date	Init. Date

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indeterminate basis if the period of leave or consecutive periods of the same type of leave exceeds one year.

Should ▮▮▮▮▮▮▮▮ current substantive position be staffed on an indeterminate basis while on SLWOP, he would be entitled, in accordance with sub-section 41(1) of the Public Service Employment Act (PSEA), to a leave of absence priority appointment to a position within the Public Service, for which he is found qualified. The priority period would be for the duration of his leave of absence and a further period of one year. After that date, if he has not been appointed in the Public Service, he will lose his priority status and also cease to be an employee.

Pension contribution

This leave is considered as in the primary interest of the employee since the employee has sought out the opportunity for his own professional growth and development. As ▮▮▮▮▮▮ is not going on an assignment as a result of the International Assignment Program (IAP), he will be responsible for paying both the employee and employer portions of the pension contributions for the period of his leave, if the leave is approved.
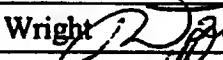
Attachment (2):

- Leave application and Absence report – ▮▮▮▮▮▮▮
- Initial Memo – Special Leave Without Pay Request

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I✦I **Department of Finance** **Ministère des Finances**
Canada **Canada**

For Signature by / Information of À signer par / Pour l'information de **Deputy Minister**
Prepared by (name/initials/division) Préparé par (nom/initiales/division) **Michelle Hebert**
In consultation with (name/initials/branch(es)/division(s)) En consultation avec (nom/initiales/direction(s)/division(s))

	Approved by Approuvé par
Director Directeur	Dominic Bastien
General director Directeur général	Janelle Wright 2078- 07- 25
Assistant Deputy Minister Sous-ministre adjoint	Edward Poznanski 25 Jan 18
Associate Deputy Minister & G7 Deputy for Canada Sous-ministre délégué et représentant du Canada au G7	Rob Stewart
Associate Deputy Minister Sous-ministre déléguée	
Deputy Minister Sous-ministre	Paul Rochon

Remarks   Remarques:

Attached, for your signature, is an extension to a Leave Application and Absence Report form.

According to Finance's HR delegation instrument, only the Deputy Minister has the authority to approve special leave without pay for the EX group.

Once signed, please return the document(s) to Liette Hotte, Human Resources Administrator, Human Resources and Security Directorate, 10th Floor.

File no. No de dossier 2018FIN467839	Date JAN 2 5 2018

Associate Deputy Minister & G7 Deputy for Canada Sous-ministre délégué et représentant (Sign on behalf of DM) du Canada au G7 (Signer au nom du SM)	☐
Associate Deputy Minister Sous-ministre déléguée (Sign on behalf of DM) (Signer au nom du SM)	☐
Assistant Deputy Minister Sous-ministre adjoint(e) (Sign on behalf of DM) (Signer au nom du SM)	☐

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